

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:	Wybro et al.	
Serial No.:	10/788,771	Group No.: 3617
Date Filed:	02/27/2004	
For: Riser Pipe Support System and Method		Examiner: Swinehart, Edwin L.

**TRANSMITTAL**

Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

1. Transmittal herewith is a Statement of Substance of the Interview (2 pages, total).
2. Applicant is
  - ☐ a small entity.
  - ☒ other than a small entity

**CERTIFICATE OF MAILING (37 C.F.R. § 1.8)**

I hereby certify that this correspondence is, on the date shown below, being deposited with sufficient postage as First Class Mail, in an envelope addressed to the following: Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Date: 8-28-06

Coco Betancourt

**Signature**

Coco Betancourt

(type or print name of person certifying)

### EXTENSION OF TERM

3. The proceedings herein are for a patent application and the provisions of 37 C.F.R. § 1.136 apply.

(complete, as applicable)

- ☐ Applicant petitions for an extension of time under 37 C.F.R. § 1.136  
(fees: 37 C.F.R. § 1.17(a)(1)-(4) for the total number of months checked below:

Extension (months)	Fee <u>large entity</u>	Fee for <u>small entity</u>
<input type="checkbox"/> one month	\$ 120.00	\$ 60.00
<input type="checkbox"/> two months	\$ 450.00	\$ 225.00
<input type="checkbox"/> three months	\$ 1,020.00	\$ 510.00
<input type="checkbox"/> four months	\$ 1,590.00	\$ 795.00
<input type="checkbox"/> five months	\$ 2,160.00	\$ 1080.00

Fee: \$ 0.00

If an additional extension of time is required, please consider this a petition therefor.

(check and complete the next item, if applicable)

- ☐ An extension for \_\_\_\_\_ months has already been secured. The fee paid therefor of \$\_\_\_\_\_ is deducted from the total fee due for the total months of extension now requested.
- ☐ Extension fee due with this request \$ 0.00

**OR**

- ☒ Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.

### FEE FOR CLAIMS

4. The fee for claims (37 C.F.R. § 1.16(b)-(d)) has been calculated as shown below:

Claims Remaining After Amendment	Highest No. Previously Paid For	Extra Present	Rate	Added Fee
Total: 31	43	0	\$50/25	\$0.00
Independent: 3	4	0	\$200/100	\$0.00
First Presentation of Multiple Dependent Claims:			\$360/180	\$0.00
Total Additional Fees:				\$0.00

(complete (c) or (d), as applicable).

- ☒ No additional fee for claims is required.

**OR**

- ☐ Total additional fee for claims required \$ 0.00

### FEE PAYMENT

5. ☐ Attached is our check in the sum of \$\_\_\_\_\_.
- ☐ Attached is our check in the sum of \$\_\_\_\_\_ for a petition to revive an application.
- ☒ Charge Account No. 50-0897(145573/MOD013) the sum of \$ 0.00

**FEE DEFICIENCY**

6. ☒ If any additional extension and/or fee is required, charge Account No. 50-0897  
(145573/MOD013)

**AND/OR**

- ☒ If any additional fee for claims is required, charge Account No. 50-0897  
(145573/MOD013)

Date: August 28, 2006



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